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DESI AVAIIGNES														
								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD											. ,	· · (~ (1)	1. /	
			Effective	e Novemb	er 10	1998	•		(	3914	-/(	190	14	
	· · · · · · · · · · · · · · · · · · ·	CL	AIMS AS	FILED -	PART	1		011						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									)E	ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED NUMBER EXTRA														
						RAT		FEE	┨	RATE	FEE			
BASIC FEE									380.00	OR	in the	760.00		
TOTAL CLAIMS						X\$ :	9=	252	OR	X\$18=				
INDEPENDENT CLAIMS     minus 3 =     / / /							X39	)= .	390	OR	X78=			
MU	MULTIPLE DEPENDENT CLAIM PRESENT									~/_	1```			
4.16											OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									AL	1022	OR	TOTAL		
	. C	LAIN	IS AS A	MENDED	- PAI	RT II						OTHER	THAN	
		(Co	lumń 1)	<u> </u>	(Coli	umn 2)	(Column 3)	SMA	LL	ENTITY	OR	SMALL	ENTITY	
ENTA		REA	LAIMS MAINING IFTER NDMENT		NU: PREV	HEST MBER 10USLY D FOR	PRESENT EXTRA	RAT	Ĕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* .		Minus	**		<b>.</b>	X\$ 9	)= (		OR	X\$18=		
ME	Independent	*		Minus	###		8	X39				X78=		
٧	FIRST PRESE	NTATI	ON OF MI	LTIPLE DEF	PENDEN	T CLAIM		700	_		OR	7/0-		
	•	٠.,						+130	)=		OR	+260=		
			:	•					TAL	•	OR	TOTAL		
		100	lumn 1)		(Cal	umn 2)	(Calumn 1)	ADDIT.	reel			ADDIT. FEE		
	A STREET		LAIMS	THE RESERVE		HEST	(Column 3)		-	ASSI	1 1			
AMENDMENT B			MAINING	N. WIFE		MBER (IOUSLY	PRESENT	RATE	_	ADDI- TIONAL	·	RATE	ADDI- TIONAL	
			NDMENT,	1.		D FOR	EXTRA	ירח	_	FEE		TVALE	FEE	
	Total	• U	8	Minus	C	18	=	X\$ 9	<u> </u>		OR	X\$18=	Ī	
	Independent ·	•	3	Minus	***	13	<b>=</b>	X39	_			80		
۷	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEI	PENDE	VT ÇLAIM		7.53			OR	7/0=		
								+130	)=	•	OR	#200 <u>=</u>		
					**			ADDIT.	TAL		OR	TOTAL	0	
(Column 1) (Column 2) (Column 3)									251		•	ADDIT. FEE		
_	Section 1		LAIMS			umn 2) iHEST	(Column 3)		_					
2			MAINING			MBER	PRESENT	207	-	ADDI- TIONAL		0.476	ADDI-	
	■2、7をキャルペする状況に25、22 目		FTER NDMENT		PREVIOUSLY PAID FOR		EXTRA	RATE	-	FEE		RATE	TIONAL FEE	
AMENDMENT C	Total	• Z	18	Minus	** Z	18		X\$ 9	<u> </u>	/	OR	X\$18=		
핗	Independent		1.3	Minus	***	13		1/00	$\dashv$	_/	<b>U</b>	\	<del>/</del>	
₹	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEF	PENDEN	T CLAIM		X39:		_/	OR	X78=		
+130= OR +260=										+260=/				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  OR ADDITION														
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE														
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-875 (Rev. 11/98)

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